## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09875427

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |                      |                                       |                |              |                  |        | SMALL ENTITY TYPE |                 |                     | OTHER THAN |                 |  |
|--|---|----------------------|---------------------------------------|----------------|--------------|------------------|--------|-------------------|-----------------|---------------------|------------|-----------------|--|
| TOTAL CLAIMS 25  |   |                      | (55.3)                                |                | (Column 2)   |                  |        | RATE FEE          |                 | OR<br>1 I           | RATE       | FEE             |  |
| FOR  |   |                      | NUMBER FILED                          |                | NUMBER EXTRA |                  | •      | BASIC FEE         | 355.00          |                     | BASIC FEE  | 710.00          |  |
| ТО   | TAL CHARGEA   | BLE CLAIMS           | minus 20=                             |                | . 18         |                  | •      | Vac               |                 | 1                   |            |                 |  |
|  | EPENDENT CL   |                      | minus 3 =                             |                | • 2          |                  |        | X\$ 9=            |                 | OR                  | X\$18=     |                 |  |
|  | <del> </del>  | DENT CLAIM P         |                                       |                | <i>✓</i>     |                  |        | X40=              |                 | OR                  | X80=       |                 |  |
| moen to be ender obtain media  |   |                      |                                       |                | ·            |                  |        | +135=             |                 | OR                  | +270=      |                 |  |
| * If the difference in column 1 is less than zero, enter                                 |   |                      |                                       |                | r "0" in c   | olumn 2          |        | TOTAL             |                 | OR                  | TOTAL      |                 |  |
| CLAIMS AS AMENDED - PART II  |   |                      |                                       |                |              |                  |        | OTHER THAN        |                 |                     |            |                 |  |
|  |   | (Column 1)<br>CLAIMS |                                       | (Colur         |              | (Column 3)       | 1 1    | SMALL             |                 | OR                  | SMALL      |                 |  |
| AMENDMENT A  |   | REMAINING<br>AFTER   |                                       | NUM<br>PREVIO  | BER          | PRESENT<br>EXTRA |        | RATE              | ADDI-<br>TIONAL |                     | RATE       | ADDI-<br>TIONAL |  |
|  |   | AMENDMENT            | ,                                     | PAID           |              | LATTIA           |        |                   | FEE             |                     | *          | FÉE             |  |
|  | Total   | *                    | Minus                                 | **             |              | =                |        | X\$ 9=            |                 | OR                  | X\$18=     |                 |  |
|  | Independent   | *                    | Minus                                 | ***            |              | =                |        | X40=              |                 | OR                  | X80=       |                 |  |
| L  | FIRST PRESE   | NTATION OF MI        | JLTIPLE DEF                           | PENDENT        | CLAIM        |                  |        | +135=             |                 | OR                  | +270=      |                 |  |
|  |   |                      |                                       |                |              |                  | İ      | TOTAL             |                 | OH                  | TOTAL      |                 |  |
|  |   |                      |                                       |                |              |                  |        | ADDIT. FEE        |                 | OR                  | ADDIT. FEE |                 |  |
|  |   | (Column 1)<br>CLAIMS |                                       | (Colu          |              | (Column 3)       |        |                   |                 |                     |            |                 |  |
| AMENDMENT B  |   | REMAINING            |                                       | HIGH           | BER          | PRESENT          |        | RATE              | ADDI-<br>TIONAL |                     | DATE       | ADDI-           |  |
|  |   | AFTER<br>AMENDMENT   |                                       | PREVIO<br>PAID |              | EXTRA            |        | DATE              | FEE             |                     | RATE       | TIONAL<br>FEE   |  |
|  | Total   | *                    | Minus                                 | **             |              | =                |        | X\$ 9=            |                 | OR                  | X\$18=     |                 |  |
|  | Independent   | *                    | Minus                                 | ***            |              | <u> </u> =       | 11     | X40=              |                 | OR                  | X80=       |                 |  |
|  | FIRST PRESE   | NTATION OF MI        | JLTIPLE DEF                           | PENDENT        | CLAIM        |                  | ן נ    | +135=             |                 |                     | +270=      |                 |  |
|  |   |                      |                                       |                |              |                  |        | TOTAL             |                 | OR                  | TOTAL      |                 |  |
|  |   |                      |                                       |                |              |                  | ,      | ADDIT. FEE        |                 | OR                  | ADDIT. FEE |                 |  |
| _  |   | (Column 1)           | · · · · · · · · · · · · · · · · · · · | (Colu          |              | (Column 3)       | ,      |                   |                 |                     |            |                 |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING  |                                       | HIGH           | BER          | PRESENT          |        |                   | ADDI-           |                     |            | ADDI-           |  |
|  |   | AFTER<br>AMENDMENT   |                                       | PREVIO PAID    |              | EXTRA            |        | RATE              | TIONAL FEE      |                     | RATE       | TIONAL<br>FEE   |  |
|  | Total   | *                    | Minus                                 | **             |              | =                |        | X\$ 9=            |                 | OR                  | X\$18=     |                 |  |
|  | Independent   | *                    | Minus                                 | ***            |              | =                |        | X40=              | <del></del>     | 00                  | X80=       |                 |  |
|  | FIRST PRESE   | NTATION OF M         | ULTIPLE DEF                           | PENDEN         | T CLAIM      |                  | ]      |                   |                 | OR                  |            |                 |  |
| • 1  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                      |                                       |                |              |                  |        |                   |                 | OR                  | +270=      |                 |  |
| ** If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20 anter "20." |   |                      |                                       |                |              |                  |        |                   |                 | TOTAL<br>ADDIT. FEE |            |                 |  |
| ,  | The "Highest Num  | nber Previously Pa   | id For" (Total o                      | Independ       | ent) is the  | highest numbe    | er fou | und in the app    | ropriate box    | k in co             | lumn 1.    |                 |  |